



**Oakland Starting  
Smart & Strong**

# Developmental Screening in Oakland:

## Recommendations for an Inclusive and Effective System





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# INTRODUCTION



Oakland Starting Smart and Strong (OSSS) partnered with First 5 Alameda County/Help Me Grow to assess the reach of developmental screening in Oakland across pediatric and early childhood education sites, and explore practices for screening and referral to services. This brief summarizes the study and its findings, and offers recommendations to support an inclusive and effective screening, assessment and support system. Assessing the reach of developmental screening will help us remove barriers to services that support healthy development. This study centers Oakland's young children and families who are most impacted by racial and economic inequities, so we can build a more effective early childhood system.

## WHAT IS DEVELOPMENTAL SCREENING AND WHY IS IT IMPORTANT?

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Children grow and develop at different rates. Regular periodic developmental screening helps families understand a child's development and celebrate milestones. Some children experience delays in development typical of children their age. Care and supports for children experiencing these delays are most effective early in life.

Developmental screening is also an important tool for early childhood education (ECE) practitioners and pediatricians. With screening, ECE programs, teachers and pediatricians can connect children to supportive services they need, support families in understanding child development and celebrating milestones, and enable families to identify and advocate for their children's needs. The screening process can facilitate collaboration between parents and teachers and help teachers individualize classroom experiences for children's unique needs.

*Developmental screening is central to a community's ability to identify discrepancies early and provide support to children and families.*

## THE AGES AND STAGES QUESTIONNAIRE

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One of the most widely used screening tools is the Ages and Stages Questionnaire (ASQ-3), which is designed to be filled out by parents. It asks parents about children's activities and behaviors to identify progress along 5 domains of development: communication, gross motor skill, fine motor skill, problem solving, and personal-social. Social and emotional behaviors are screened using the ASQ-SE-2 in conjunction with the ASQ-3.

## BUILDING A UNIVERSAL DEVELOPMENTAL SCREENING SYSTEM

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With funding from the David and Lucile Packard Foundation, OSSS partnered with Help Me Grow Alameda County/First 5 Alameda to build a universal screening process for Oakland Unified School District's Early Childhood Education (ECE) Department. Since 2017, OUSD has built its capacity to collect ASQ-3 screens from parents of all children enrolled in OUSD preschool. Other early childhood education programs and pediatric offices across the city have also dramatically expanded developmental screening over the past several years. Supplementing these efforts, Help Me Grow (HMG) has scaled its Developmental Screening Program (DSP), offering remote screening online and by mail, and partnering with pediatricians conducting screening across the city.

## OAKLAND DEVELOPMENTAL SCREENING STUDY

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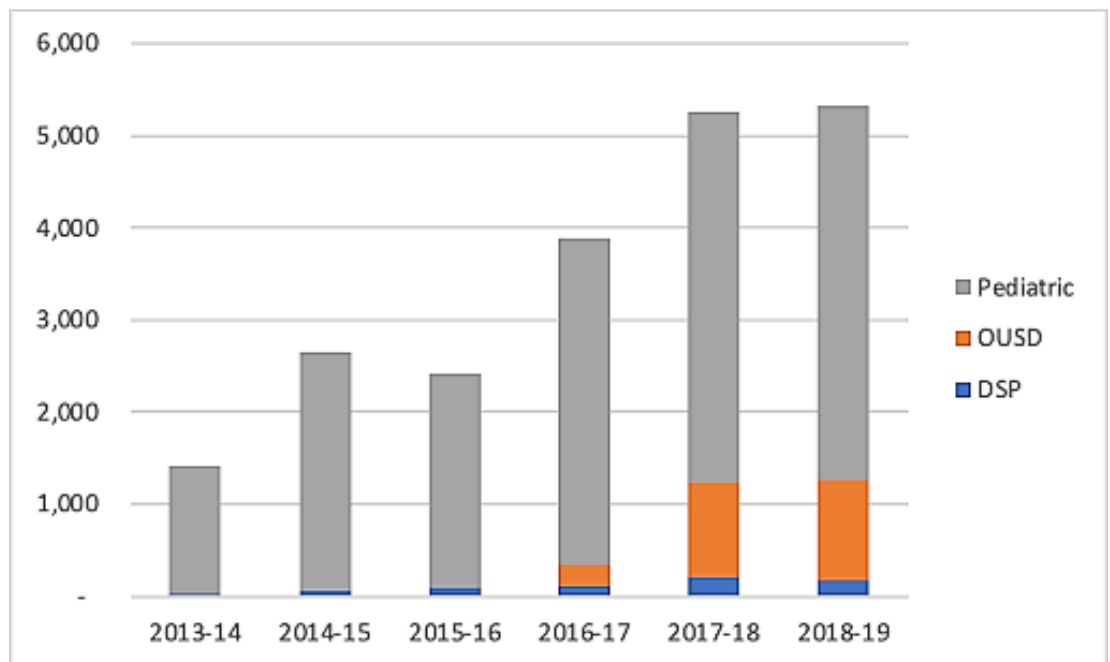
To examine the success of efforts to expand developmental screening access across these early childhood education and pediatric settings in Oakland, Oakland Starting Smart & Strong assembled data on screening activity from (1) all pediatric offices that accept Alameda Alliance Medi-Cal insurance, (2) all publicly administered preschool centers, (3) all Quality Counts California (QCC) participating ECE providers, and (4) Help Me Grow's DSP. [Click here for a detailed description of the data assembly methodology.](#) While limited by the COVID-19 pandemic, OSSS also conducted focus groups and key informant interviews with: ECE teachers, center directors, administrators, and the HMG Family Advisory Committee (parents whose children received developmental screening).

# KEY FINDINGS

## Success in expanding developmental screening access.

In the 2018-19 school year, nearly all children enrolled in Head Start, OUSD, and other QCC participating ECE providers were screened using the ASQ-3. Help Me Grow partnered with pediatric offices to greatly expand access to developmental screening programs for infants and toddlers. Help Me Grow's remote Developmental Screening Program furthered these efforts by providing access to developmental screening for parents no matter how far they might live from a pediatric office or ECE provider. Together these programs designed to serve families most impacted by racial and economic inequities Oakland succeeded in screening approximately 5,800 children. This number is extremely high relative to child exposure to poverty in the city – roughly 6,200 children live in families with incomes below the federal poverty line.

**Growth in Developmental Screening by Setting**



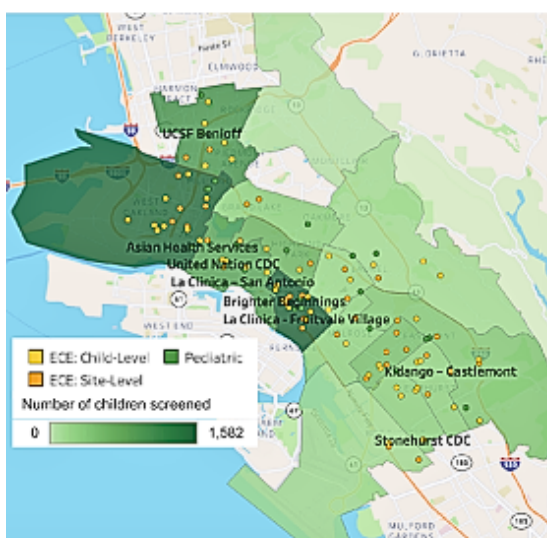
## Uneven access

While access to screening has improved, we observed disparities in screening activity across neighborhoods and demographic groups. For example, screening rates for AAPI children were much higher than for other racial/ethnic groups. Screening rates for Black children were fairly low relative to the incidence of poverty. Screening rates were higher for infants and toddlers who lived closer to a pediatrician or Early Head Start site than for those who lived farther away. Screening rates were higher for Latino and AAPI children who lived closer to culturally specific providers than for those who lived further away. Finally, access to Head Start and OUSD preschool was lower in East Oakland relative to other neighborhoods. This lack of access was reflected in screening rates, which were lower for preschool age children in East Oakland than for those living in other parts of the city.

## Disparities in results

The ASQ-3 asks parents about children’s activities and behaviors to pinpoint progress along 5 domains of development: communication, gross motor skill, fine motor skill, problem-solving, and personal-social. For children screened by Head Start, OUSD, or Help Me Grow, screening results were more likely to indicate potential developmental discrepancies for boys than for girls. This difference in results between boys and girls was present for every domain apart from gross motor skills. These disparities are a general trend with the ASQ and are not unique to Oakland or Alameda County.

### ASQ-3 Screening Activity and Demographics in Oakland (2018-19)



	ECE	Pediatric	Total
Infants & Toddlers	453	3,717	4,170
Preschoolers	2,253	340	2,603

	ECE	Pediatric	Total
AAPI	472	570	1,042
Black	713	983	1,696
Latino	1,087	1,750	2,837
White	99	137	236
other	90	587	677
unknown	253	30	283

	ECE	Pediatric	Total
Chinese	215	287	502
English	1,140	2,079	3,219
Spanish	947	1,430	2,377
other	202	146	348
unknown	212	116	328

## WHAT DO PARENTS AND TEACHERS SAY ABOUT DEVELOPMENTAL SCREENING?

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**Parental awareness and engagement** – Parent-completed developmental screens like the Ages and Stages Questionnaire (ASQ) inform parents' pursuit of community support for their children's growth, including mental health, speech, and physical therapy services. When completing developmental screens, many parents learn about important milestones of child development and detailed aspects of their children's developmental progress for the first time.

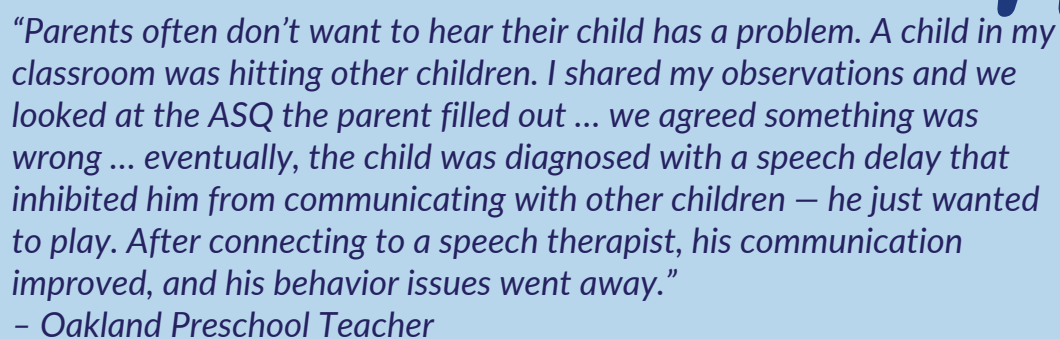
*“Developmental screening was the first step to help me understand my children's development ... it helped me understand developmental delays...”*  
– Parent of twins, patients at Children's Hospital Oakland

*“The screening was very hard to do for the first time, especially as a new parent ... when you do the test, you start to realize it's not okay.”*  
– Parent of 5-year-old diagnosed with autism

**Responsive and individualized ECE** - For many students—especially those with developmental discrepancies—individualized adaptations to children's classroom experiences are key elements of successful early learning practice. Developmental screening results from tools like the ASQ can provide a useful supplement to teacher's child observations when implementing adaptations. Developmental screening can also help teachers and parents align classroom and in-home activities by setting the stage for successful parent-teacher conversations.

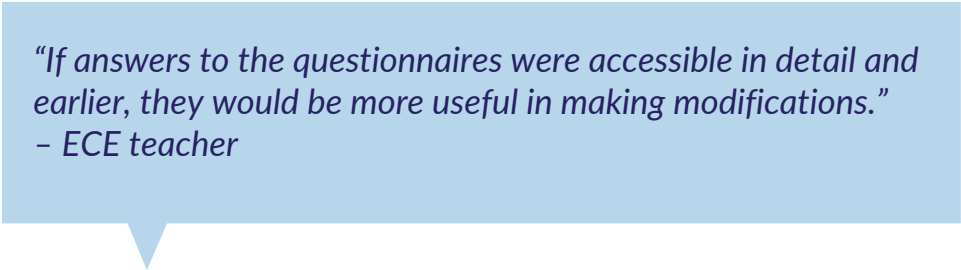


**Parent-Teacher Communication** – For both teachers and parents, raising concerns about children can be difficult, especially if the parent and teacher don't share a common perspective. Parent-completed screening helps teachers and parents to (1) start sensitive conversations about areas of a child's development that may need further assessment and (2) engage collaboratively in the pursuit of individualized support for the child's needs.



*“Parents often don’t want to hear their child has a problem. A child in my classroom was hitting other children. I shared my observations and we looked at the ASQ the parent filled out ... we agreed something was wrong ... eventually, the child was diagnosed with a speech delay that inhibited him from communicating with other children – he just wanted to play. After connecting to a speech therapist, his communication improved, and his behavior issues went away.”*  
– Oakland Preschool Teacher

**Expedient Screening and Release of Results** – Delays between screening completion and sharing of screening results is a challenge for parental engagement and connecting children to services. Results should be discussed with parents as quickly as possible. When discussing results, sharing activities to do with children can help support parents and align classroom and in-home developmental support. Delays between screening completion and teacher receipt of screening results also impede responsive modification of classroom practices.



*“If answers to the questionnaires were accessible in detail and earlier, they would be more useful in making modifications.”*  
– ECE teacher

**Barriers to ASQ completion** – Both center directors and teachers find the administrative burden of tracking screening completion difficult. Teachers may be responsible for tracking 24 to 48 parents’ screen completions. Language does not appear to be a major barrier to screening access. However, parents often struggle to complete the questionnaire on their own devices. Administrative support, explaining the screening process and purpose, preparing parents for what to expect can help, and making tablets available for parents to complete the questionnaire are important. Completing the ASQ is emotionally difficult for many parents: thorough communication—including sharing and discussing results quickly—is important for building trust and supporting families.

## Key Findings Summary

- There has been significant growth in reported developmental screening activity from 2014-20 among ECE providers and pediatric offices in Oakland.
- Overall, programs designed to serve families most impacted by racial and economic inequities have been successful in providing access to developmental screening.
- Screening activity is correlated with the location of pediatric sites and Early Head Start locations.
- Racial/ethnic and home language variation in screening activity follows variation in presence of culturally relevant services.
- Sex of the child is the demographic variable that leads to the most difference in screening results.
- There is low access to publicly administered ECE in East Oakland.

*The following recommendations for implementation, policy and research will support an inclusive screening, assessment and support system.*

### **Implementation Recommendations and Policy Connections:**

**Elevate focus on specific neighborhoods and demographic groups.** For example, consider ways to increase access to screening for Black families in West Oakland.

**Integrate ASQ results with kindergarten transition** materials and portable early learning and care records. OUSD has expanded its efforts to help children successfully transition into kindergarten in recent years. The Kinder Transition Plans help parents and teachers facilitate children's smooth transition into kindergarten. As part of a child's early learning and care records, ASQ results would help kindergarten teachers understand each child's early learning experience and better individualize plans to meet each child's needs.

**Expand work with Family Child Care providers (FCCs) to build access to the ASQ.** Help Me Grow has existing partnerships with some FCCs to either use the ASQ online or use the Developmental Screening Program to screen the children in their care. The further engagement of FCC providers in accessing developmental screening is critical to an inclusive developmental support system. This is especially important because many FCCs care for children with developmental discrepancies or special needs, since families may prefer to have care that is tailored to their child's unique needs.

**Build an online integrated screening platform with focus on accessibility.** HMG’s Developmental Screening Program has proven that the ASQ can be completed remotely with an effective low-touch approach. Building out this program to expand its use with FCCs and other programs supporting young children would improve the reach of developmental screening in Oakland. Integrating screening records across the city— together with a standard [HIPAA/FERPA](#) release—would create an electronic screening record that could travel with a child through ECE programs and into kindergarten. Moreover, an integrated text message-based engagement platform would improve accessibility for and engagement of parents in the ASQ process.

**Increase focus on sharing results and follow-up.** HMG’s strong technical assistance has proven critical to the effective expansion of developmental screening access in Oakland. Several programs still struggle to effectively share ASQ results with parents and share in-home activities. An increased focus on exploring innovative strategies for sharing results and following up with families when concerns are identified is key.

**Digitize screening and integrate ASQ Online with referral and treatment tracking.** Currently, screening, diagnostic, and treatment services are fragmented across the city, making it difficult for pediatricians, teachers, and parents alike to connect children to the services they need. A full-service tracking system that integrates program screening records with diagnostic and treatment records from providers would empower programs to monitor the progress of referrals from screen to diagnostic to treatment, more effectively connecting children to the services they need.



# QUESTIONS FOR FUTURE RESEARCH AND EVALUATION:

**Further disaggregate race/ethnicity data** to understand if specific communities are not being reached with screening.

**Explore why ASQ:SE results in particular vary** meaningfully across neighborhood, even after adjusting for age, race/ethnicity, and language.

**Explore additional opportunities for sharing child-level data across systems** and settings to improve service provision and coordination, and consider how new local best practices for developmental screening can be scaled across the state.

**Reevaluate how data is interpreted by sex or gender demographics,** with the upcoming updated ASQ-4 screening tool, and changing understandings of the role of gender in early childhood development.

**Consider the role of implicit bias in shaping results** to better understand if boys of color are being overly diagnosed with developmental issues.

**Assess the impact of COVID19 pandemic on developmental screening,** especially if many children did not go to a doctor regularly since 2020.

# ACKNOWLEDGEMENTS

*OSSS would like to thank Austin Land, PhD candidate at Goldman School of Public Policy, for conducting this research project. Our appreciation also extends to First 5 Alameda/Help Me Grow, Oakland Unified School District Early Learning Department and City of Oakland Head Start, who have shared data and provided feedback and insight.*

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**Limitations** - Data was not available for some ECE providers, home visiting services, and pediatric offices. Most demographic data is only available at the provider level, and only for 2018-19. Due to COVID-10, there were challenges with remote interviewing that led to small/limited focus groups and interviews which may not be a representative sample.

# Questions & Information

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